

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009342

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: CONTINENTAL VETERANS ASSOCIATION, INC.

**Current Principal Place of Business:**

113 ROBIN LANE  
WILDWOOD, FL 34785

**New Principal Place of Business:**

**Current Mailing Address:**

113 ROBIN LANE  
WILDWOOD, FL 34785

**New Mailing Address:**

FEI Number: 56-2639253

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, RICHARD  
104 FOREST BLVD  
WILDWOOD, FL 34785 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GRAY, WILLIAM  
Address: 113 ROBIN LANE  
City-St-Zip: WILDWOOD, FL 34785

Title: V ( ) Delete  
Name: JOHNSON, RICHARD  
Address: 104 FOREST BLVD  
City-St-Zip: WILDWOOD, FL 34785

Title: S ( ) Delete  
Name: KONOP, EDWARD  
Address: 402 SANDALWOOD LN  
City-St-Zip: WILDWOOD, FL 34785

Title: T ( ) Delete  
Name: FARVER, KENNETH  
Address: 4 GROVE TRAIL  
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete  
Name: KUNDE, CLIFF  
Address: 804 ROBIN LANE  
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete  
Name: HARBOUR, ROBERT  
Address: 4 HESTER TRAIL  
City-St-Zip: WILDWOOD, FL 34785

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: DELAMATER, EDITH  
Address: 503 FOREST BLVD.  
City-St-Zip: WILDWOOD, FL 34785

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. GRAY

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date